

EEOC Form 5 (5/01)

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: Agency(ies) Charge No(s):

☒ FEPA☒ EEOC

437-2008-00518

Virginia Council On Human Rights

and EEOC

State or local Agency, if any

Name (indicate Mr., Ms., Mrs.)

Ms. Lizette Vazquez

Home Phone (Incl. Area Code)

(757) 327-8120

Date of Birth

02-06-1967

Street Address

2200 Old York-Hampton Hwy, Yorktown, VA 23692

City, State and ZIP Code

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

PRECON MARINE

No. Employees, Members

> 15

Phone No. (Include Area Code)

(757) 545-5500

Street Address

1401 Precon Drive, Chesapeake, VA 23320

City, State and ZIP Code

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

☐ RACE ☐ COLOR ☒ SEX ☐ RELIGION ☐ NATIONAL ORIGIN☐ RETALIATION ☐ AGE ☐ DISABILITY ☒ OTHER (Specify below.)**Equal Pay**DATE(S) DISCRIMINATION TOOK PLACE
Earliest Latest

06/20/2007

02/06/2008

☒ CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

On or about June 20, 2007, I began working for the above-named company as a commercial diver. Throughout my tenure, I've been subjected to ongoing gender harassment from my supervisor and coworkers, which has created a hostile work environment. Supervisor Rick Reynolds does not treat me the same as the male divers. For example, when I complained that he wasn't letting me dive regularly, he told me the job was too hard and that I wouldn't be able to handle it because I'm a woman. My male coworkers are normally assigned the primary tasks, while I'm assigned to supporting tasks. When I am given an assignment, Mr. Reynolds will preface it with a threat related to doing the job correctly or in the allotted amount of time, etc. My coworkers communicate amongst themselves regarding the best way to complete a task and what tools to use; I'm simply told to perform the task. My coworkers also engage in conduct intended to make me look incompetent, such as dropping tools they hand to me - which I then have to search for. When my coworkers discovered my wage rate, they complained that I was overpaid and accused me of being a poor diver. In response, the owner reduced my wages to rate that is lower than similarly situated male divers. One of my coworkers engaged in sexually explicit dialogue that was intended to embarrass and harass me.

I complained to the employer about the discriminatory environment and conduct but they have failed to take remedial action. When I complained to the owner about Mr. Reynolds and about my wage reduction, in both instances, he told me that if I didn't like it I could quit.

I believe that I have been discriminated against based on my sex (female), in violation of Title VII of the Civil Rights Act of 1964, as amended, the Equal Pay Act of 1963, as amended, and the Virginia Human Rights Act, VA Code 2.1-3900, et seq.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)

Date

Charging Party Signature

LEGAL AID SOCIETY OF EASTERN VIRGINIA

VIRGINIA BEACH OFFICE
291 Independence Boulevard
Pembroke 4, Suite 532
Virginia Beach, Virginia 23462
(757) 552-0026
Toll Free (888) 868-1072
Fax (757) 552-0411

RAYMOND A. HARTZ, ESQ.
EXECUTIVE DIRECTOR

CARL J. STEVENS, ESQ.
DEPUTY DIRECTOR

ROBERT E. PERRONE
MANAGING ATTORNEY

JESSE ZAJAC
AMEET I. HABIB
ANDREA L. SINGLETON
STAFF ATTORNEYS

IRMA NAUGLE
OFFICE MANAGER

December 23, 2010

Lizette Vazquez
2200 Old York Hampton Highway
Yorktown, VA 23692

RE: Your request for legal services

Dear Ms. Vazquez:

You contacted our office on December 22, 2010 for advice or assistance. The Central Intake Unit, which normally gives advice, was not able to staff your request, and due to caseload and personnel issues, our office is unable to accept your case.

Under these circumstances, your application in our office is closed. If you need immediate attention to this matter, you should contact the Lawyer Referral services at 1-800-552-7977 or 757-623-0132 to get a low-cost consultation with a private attorney or to hire a private attorney to represent you.

You can get general Information about this type of case on the internet at the <http://www.valegalaid.org/VA/index.cfm>.

You may contact our Intake and Referral Unit at (757) 827-5078 three months after the date of this letter to reapply for legal services to request advice or help with this matter. You may also contact our Central Intake if you need to apply for services for any other civil legal matter in the future.

Very truly yours,

Jesse Zajac
Staff Attorney

JZ/isn



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

DISMISSAL AND NOTICE OF RIGHTS

To: **Lizette Vazquez**
2200 Old York-Hampton Hwy
Yorktown, VA 23692

From: **Norfolk Local Office**
200 Granby Street
Suite 739
Norfolk, VA 23510

ETSX



On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.
437-2008-00518

EEOC Representative
Arthur W. Scholtz, Federal Investigator

Telephone No.
(757) 441-3241

THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:



The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.



Your allegations did not involve a disability as defined by the Americans With Disabilities Act.



The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.



Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge



The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.



The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.



Other (briefly state)

- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit must be filed **WITHIN 90 DAYS** of your receipt of this notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission

Herbert Brown

Herbert Brown,
Director

9/28/10

(Date Mailed)

Enclosures(s)

cc:

Lynn F. Jacobs
WILLIAMS MULLEN, PC
P.O. Box 1320
Richmond, VA 23218
(Respondent Counsel)

IMPORTANT INFORMATION

What If I Work Or Want To Return To Work?

If you work, you must call **1-800-772-1213** right away to tell us about any earnings you have. There are special rules that help people with disabilities return to work without losing their benefits and Medicare or Medicaid. If you do not follow these rules and report your work, you may have to repay a large part of your benefits. For more information, contact us for the free booklet, *Working While Disabled—How We Can Help* (Publication No. 05-10095).

A Rule About Stepchildren

If a stepchild receives benefits based on your work and you and the stepchild's parent divorce, you must report the divorce to us. We must stop the stepchild's benefits the month after the divorce becomes final.

Health Insurance For Children

If you have children or grandchildren younger than age 19 who are not covered by health insurance, the Children's Health Insurance Program may help. To find out more, visit www.insurekidsnow.gov or call, toll-free, **1-877-KIDS-NOW (1-877-543-7669)**. The number connects you to your State's program.

Help For Elders

The Eldercare Locator is a free public service of the U.S. Administration on Aging. By calling **1-800-677-1116**, or visiting www.eldercare.gov, you can connect with a specialist in your area who can explain programs that give financial, employment, legal, and caregiving help to seniors.

Help Prevent Identity Theft

Be aware of scams through the mail, Internet, telephone, or in person. You should be careful when someone asks for personal information, including your Social Security number.

The Centers for Medicare & Medicaid Services recently mailed the *Medicare & You 2011* handbook to all households with Medicare.

If you are a Medicare beneficiary with limited resources and income, you may be able to get extra help paying for your monthly premiums, deductibles, and co-payments under the prescription drug program. If you have not yet completed an *Application for Extra Help* (Form SSA-1020), you can still do so. Even if you already filed and were not eligible, you may want to apply again. Some things no longer count as resources and income. You can apply online at www.socialsecurity.gov/extrahelp or call Social Security at 1-800-772-1213 (TTY 1-800-325-0778) and apply over the phone.

You may be able to get help from your State with other medical costs through a Medicare Savings Program. Medicare Savings Programs can help people with limited resources and income save more than \$1,100 a year by paying for their Medicare Part B premiums. In some cases, Medicare Savings Programs can help pay Medicare Part A premiums (if any) and may help with Medicare deductibles and co-payments.

You can start your application process for the Medicare Savings Programs by completing an *Application for Extra Help*. Social Security will send information to your State unless you tell us not to on the application. Then your State will contact you to help you apply. You also can contact your State, local Medicaid, or social services office to file for a Medicare Savings Program.

Since 2007, higher-income beneficiaries must pay additional Medicare Part B premiums. Beginning January 1, 2011, higher-income beneficiaries will pay higher Medicare prescription drug plan premiums, as well. This is called the income-related monthly adjustment amount (IRMAA). However, fewer than 5 percent of Medicare beneficiaries will pay a higher premium.

If you are one of these higher-income beneficiaries, the additional amount of your Medicare prescription drug plan premium will be tied to the base beneficiary premium, not your own premium amount. We will deduct the additional amount from your monthly Social Security benefits regardless of how you ordinarily pay your monthly premiums. If the extra amount is more than the amount of your Social Security payment, you will get a separate bill from another Federal agency.

If you have questions about IRMAA, Medicare eligibility, or how to enroll for Medicare, go online to www.socialsecurity.gov or contact Social Security at 1-800-772-1213 (TTY 1-800-325-0778, if you are deaf or hard of hearing). For all other Medicare information, including coverage and billing, visit www.medicare.gov or call 1-800 MEDICARE (1-800-633-4227) or TTY 1-877-486-2048. You also can request information from your State Health Insurance Assistance Program (SHIP). Your local SHIP phone number is in the back of your *Medicare & You 2011* handbook, or you can call 1-800-MEDICARE for the number.



Michael J. Astrue
Commissioner



Your Benefit Amount

2448222

BENEFICIARY'S NAME: LIZETTE VAZQUEZ

Your Social Security benefits are protected against inflation. By law, they increase when there is a rise in the cost of living. The government measures changes in the cost of living through the Department of Labor's Consumer Price Index (CPI). The CPI has not risen since the last cost-of-living adjustment was determined in 2008. As a result, your benefits will not increase in 2011.

Please review the other important information in this mailing. You can use this letter when you need proof of your benefit amount to receive food stamps, rent subsidies, energy assistance, bank loans, or for other business.

How Much Will I Get And When?

- Your monthly amount (before deductions) is \$1,042.50.
- The amount we deduct for Medicare medical insurance is \$110.50.
(If you did not have Medicare as of Nov. 18, 2010,
or if someone else pays your premium, we show \$0.00.)
- The amount we deduct for your Medicare prescription drug plan is \$0.00.
(If you did not elect withholding as of Nov. 1, 2010, we show \$0.00.)
- The amount we deduct for voluntary Federal tax withholding is \$0.00.
(If you did not elect voluntary tax withholding as of
Nov. 18, 2010, we show \$0.00.)
- After taking any other deductions, we will deposit \$932.00
into your bank account on Jan. 3, 2011.

What If I Have Questions?

Please visit our website at www.socialsecurity.gov for more information and a variety of online services. You also can call 1-800-772-1213 and speak to a representative from 7 a.m. until 7 p.m., Monday through Friday. Recorded information and services are available 24 hours a day. Our lines are busiest early in the week, early in the month, as well as during the week between Christmas and New Year's Day; it is best to call at other times. If you are deaf or hard of hearing, call our TTY number, 1-800-325-0778. If you are outside the United States, you can contact any U.S. embassy or consulate office, or the Veterans Affairs Regional Office in Manila. Please have your Social Security claim number available when you call or visit and include it on any letter you send to Social Security. If you are inside the United States, and need assistance of any kind, you also can visit your local office.

GROUND FLOOR
1521 HARDY CASH DR
HAMPTON VA

LIFT TO OPEN



2448222